Application or Docket Number

## PATENT APPLICATION FEE DETERMINATION RECORD

Effective October 1, 2001

| CLAIMS AS FILED - PART I (Column 1) (Column 2)  |   |   |                                       |                               |                      |                  |          | SMALL ENTITY TYPE |                        |         | OTHER THAN<br>OR SMALL ENTITY |                        |  |
|---|---|---|---------------------------------------|-------------------------------|----------------------|------------------|----------|-------------------|------------------------|---------|-------------------------------|------------------------|--|
| TOTAL CLAIMS  |   |   | ·                                     |                               |                      |                  |          | RATE              | FEE                    | 1       | RATE                          | FEE                    |  |
| FOR   |   |   | NUMBER FILED                          |                               | NUMBER EXTRA         |                  |          | BASIC FEE         | 370.00                 | OR      | BASIC FEE                     | 740.00                 |  |
| TOTAL CHARGEABLE CLAIMS   |   |   | minus 20= *                           |                               | *                    |                  |          | X\$ 9=            |                        | OR      | X\$18=                        |                        |  |
| INDEPENDENT CLAIMS  |   |   | minus 3 = *                           |                               |                      |                  |          | X42≃              |                        | OR      | X84=                          |                        |  |
| MULTIPLE DEPENDENT CLAIM P  |   |   | RESENT                                |                               |                      |                  |          | +140=             |                        |         | +280=                         |                        |  |
| * If  | the difference  | in column 1 is                            | less than zero, enter "0" in column 2 |                               |                      |                  |          | TOTAL             |                        | OR      | TOTAL                         |                        |  |
|   | CLAIMS AS AMENDED - PART II   |   |                                       |                               |                      |                  |          | TOTAL             | ļ                      | OR      | OTHER                         | THAN                   |  |
|   | (Column 1) (Column 2) (Column   |   |                                       |                               |                      |                  |          |                   |                        |         |                               | ENTITY                 |  |
| <b>AMENDMENT A</b>  |   | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT |                                       | HIGH<br>NUM<br>PREVIO<br>PAID | BER<br>OUSLY         | PRESENT<br>EXTRA |          | RATE              | ADDI-<br>TIONAL<br>FEE |         | RATE                          | ADDI-<br>TIONAL<br>FEE |  |
|   | Total   | * 20                                      | Minus                                 | ** 6                          | 20                   | =                |          | X\$ 9=            |                        | ÓR      | X\$18=                        | ·                      |  |
|   | Independent   | * <u>4</u>                                | Minus                                 | ***                           | 4                    | =                |          | X42=              |                        | OR      | X84=                          |                        |  |
|   | FIRST PRESE   | NTATION OF MI                             | JLTIPLE DEF                           | PENDEN                        | CLAIM                |                  | <b>!</b> | +140=             |                        | OR      | +280=                         |                        |  |
|   | ι   |   |                                       |                               |                      |                  | L        | TOTAL             |                        |         | TOTAL<br>ADDIT. FEE           |                        |  |
|   | · .   | (Column 1)                                |                                       | (Colu                         | mn 2)                | (Column 3)       | <i>F</i> | ADDIT. FEE        |                        |         | AUDII. PEE                    |                        |  |
| AMENDMENT B   |   | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT |                                       | HIGH<br>NUM<br>PREVIO<br>PAID | BER<br>OUSLY         | PRESENT<br>EXTRA |          | RATE              | ADDI-<br>TIONAL<br>FEE |         | RATE                          | ADDI-<br>TIONAL<br>FEE |  |
|   | Total   | *   | Minus                                 | **                            |                      | =                |          | X\$ 9=            |                        | OR      | X\$18=                        |                        |  |
|   | Independent   | *   | Minus                                 | ***                           |                      | =                |          | X42=              | :                      | OR      | X84=                          |                        |  |
|   | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM  |   |                                       |                               |                      |                  | 1        | +140=             |                        | OR      | +280=                         |                        |  |
|   | •   |   |                                       |                               |                      |                  | L        | TOTAL             |                        | <br>  ∩ | TOTAL                         |                        |  |
|   |   | (Column 1)                                |                                       | (Colu                         | mn 2)                | (Column 3)       | A        | NDDIT. FEE        |                        | 1011    | addit. Fee                    |                        |  |
| AMENDMENT C   |   | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT | 1                                     | HIGH<br>NUM<br>PREVIO<br>PAID | IEST<br>BER<br>OUSLY | PRESENT<br>EXTRA |          | RATE              | ADDI-<br>TIONAL<br>FEE |         | RATE                          | ADDI-<br>TIONAL<br>FEE |  |
|   | Total   | *   | Minus                                 | **                            |                      | =                |          | X\$ 9=            |                        | OR      | X\$18=                        |                        |  |
|   | Independent   | *   | Minus                                 | ***                           |                      | =                | ╽┟       | X42=              |                        | OR      | X84=                          |                        |  |
|   | FIRST PRESE   | NTATION OF M                              | JLTIPLE DEF                           | PENDENT                       | CLAIM                |                  | ┚┝       | +140=             |                        |         |                               |                        |  |
|   | * If the entry in column 1 is less than the entry in column 2, write "0" in column 3. |   |                                       |                               |                      |                  |          |                   |                        | OR      | +280=<br>TOTAL                |                        |  |
| ** If the entry in column 1 is less than the entry in column 2, write "0" in column 3.  ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."  ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."  The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1. |   |   |                                       |                               |                      |                  |          |                   |                        |         |                               |                        |  |